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AUTHOR Price, Richard; DeBever, Marijke
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ABSTRACT

The Windana Society is a drug and alcohol agency in Victoria (Australia) that operates, among other things, a residential drug rehabilitation program in a rural setting. The program utilizes a holistic approach that addresses health and physical fitness; education; vocational and re-integration support; and psychological, emotional, spiritual, and environmental needs. The regime includes individual and group therapy, physical work on the property, domestic routines, relaxation, arts and crafts, health and fitness, recreation, and an action adventure program. The regular outdoor recreation program and the adventure program use adventure experiences as a therapeutic process to complement mainstream methods within the residential program. To evaluate the program, a trek was organized in 1996 in conjunction with the Australian Therapeutic Communities Association conference. Four females and six males from the residential program spent 2 weeks on initial fitness training and orientation, 1 week on a coastal trek, 1 week on an alpine trek, 1 week rafting, and 2 weeks traveling to and trekking the Strezlecki Desert. Evaluation results found a "very high" increase in social competence; a "high" increase in time management and task leadership; "outstanding" and "very high" increases in achievement motivation and emotional control; and "below average" nonsignificant findings for self-confidence, active initiative, and intellectual flexibility. Recommendations for further evaluation and more complete integration into the treatment process are discussed. (TD)

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The Windana Therapeutic Community's Action Adventure Program

By Richard Price & Marijke DeBever

Case Study

Peter has a long-term history of heroin abuse. Over the years he had spent some time "clean," trying a number of residential and outpatient programs but eventually would return to drug use as day to day pressures would become hard for Peter to cope with. He had a list of theft and deception charges to his name - all relative to supporting his drug use.

Peter had other skills; he drove taxis, was able to operate a computer and had even worked in the drug and alcohol services. He had a lot of knowledge about drug abuse, but no social conscience regarding his own use of drugs. There was something missing, he may have been drug free for periods of time, but would eventually find himself alone and vulnerable to his old friend 'heroin'.

Peter spent nine months at the Windana Therapeutic Community, which included a 56-Day Action Adventure Program. It wasn't until he got into the recreational aspects of the program that he began confronting emotional issues relating to his fear of integration and social interaction - both relative to his self-esteem. Slowly Peter began to move away from his drug dependant lifestyle. "Life is about strengthening one's weaknesses", Peter sums up. "Personal growth comes with challenging ourselves to do those things we haven't done before. It was rational thoughts as these that were furthest from my mind as I looked down the 70 metre sheer rock face".

Peter took on a sense of ownership of the program. He owned new skills, had a sense of himself, responsibility, dignity and purpose. He had new peers - rather than friends he related to through drugs, and now he has the confidence to socially interact. Peter's focus is no longer about things he's done wrong in the past; rather it's on things he has learnt from his past and from his experiences at Windana. His focus is now on the future.

RC 021727

Introduction

The purpose of this paper is to enable you to journey into the world of adventure-based education in a therapeutic setting. The main emphasis will be on The Windana Society's 56 day Action Adventure Program and what we have learnt from our ongoing involvement in this. A great deal has been written about adventure therapy and therapeutic processes. We are not here to express new theories or make new claims; we are here only to inform you of what we are doing, what we have discovered, and where the future lies for us.

About the Program

The Windana Society in Victoria is an incorporated non-profit organisation which is a semi-funded government drug and alcohol agency aside from Windana's non-residential programs and external services. It also runs a therapeutic community some 60 kilometres outside of Melbourne, in a rural setting. All Windana programs are based on the holistic approach that looks at synergistic relationships between the physical, social, and spiritual aspects of a person.

Windana's belief is that growth is an ongoing process and that by providing a safe environment with a range of new ideas and experiences. Individuals can choose a new and more constructive avenue in life for themselves instead of the self-destructive and recidivist lifestyle of the past.

Those who participate in the Action Adventure Program must be participants of and residents in, the broader spectrum of the therapeutic community. Prior to this involvement, potential residents are involved in a short-term withdrawal program run in the heart of Melbourne. The therapeutic community provides a range of educational and therapeutic group sessions, such as relapse prevention, stress management, and harm minimisation. Each resident is assigned a primary counsellor who develops an individual treatment plan with him. A holistic approach is utilised throughout and residents follow a carefully designed diet to facilitate detoxification and recuperation. Windana also provides a comprehensive assessment for each client. The assessment covers not only their drug and alcohol use but also a holistic review of their physical and psycho-social circumstances. Each participant's length of stay is determined individually at his or her assessment.

The therapeutic community is a residential drug free rehabilitation program providing an environment for residents to develop changes to previous patterns of risk taking behaviour, so they can personally shape meaningful lives and assume self-responsibility. The therapeutic community continues with the holistic program that addresses independent re-integration into the wider community. The program addresses health and physical fitness, education, vocational, and re-integration support, as well as psychological, emotional, spiritual, and environmental needs. The regime includes individual and group therapy, physical work on the property, domestic routines, relaxation, art and craft, health and fitness, and an outdoor recreation program.

The Action Adventure Program

Participation in the Action Adventure Program requires residents in the therapeutic community to be involved during their residence. The Outdoor Recreation and Development Program follows a regulated pattern of three, two hour time slots per week covering health and fitness. Generally these sessions consist of aerobic workouts or tailored fitness programs. Additionally, each participant is able to work on their own issues related to health and fitness including body composition, exercise prescription, obsessive/compulsive behaviours, and related issues. Each participants increased level of fitness and health is integrated throughout the program. The Outdoor Recreation and Development Program is a practically based reintegration tool.

Every two weeks those seeking entrance into the Action Adventure Program have the opportunity to participate in a daylong adventure activity. Activities are conducted in rainforest, coastal or alpine environments and can include hiking, climbing, or kayaking. Participants learn and are able to acknowledge their ability to undertake and complete these adventure activities. An environmental awareness is created which perhaps did not exist prior to this initial exposure.

Every other weekend team building sessions are scheduled which enable eight members of the program the opportunity to explore issues of support, trust and other issues related to treatment. Each activity is framed metaphorically so that individuals are encouraged to support and be supported by their peers and the facilitator. These activities also allow participants to overcome emotional obstacles they experience when faced with physical challenges.

The development of both the Outdoor Recreation and Development Program and the Action Adventure Program concerns using adventure experiences as a therapeutic process to run adjunct to the mainstream methods within the therapeutic community, so as to achieve maximum outcomes from each individual. The Objectives of the Action Adventure Program are:

- To break through the defence of denial and the feelings of helplessness and hopelessness.
- To promote experiences which enable participants to become self-directed, curious, able to solve problems, and to be motivated.
- To promote a place for failure, for frustration, for success, and for beginning anew.
- To promote participants' movement towards gaining intellectual, emotional, spiritual and physical inner strength through experiences of reflection, self-discipline, self-assessment, self-respect, and the courage of deep inner conviction.
- To sharpen awareness of new ways and means of building relationships.
- To better the quality of living by developing skills of listening, reflecting, discerning, responding, and deliberating.
- To provide a better climate of trust where participants are free to express fears, needs, hopes, and visions.
- To provide ongoing experiences that prepare for rapid change and for coping with that change.
- To carry out an action in a particular instance and see the effects of that action in a particular instance through a new circumstance.

- To allow participants to move at their own pace and take responsibility for their own learning.
- To develop a greater understanding and appreciation of the vital interdependence of all elements of the earth, and a need to ensure that wise decisions about the use of the environment are made.

Preliminary Program Evaluation

Recreation and adventure activities as a therapeutic tool are an integral part of the Windana Program. The program was first evaluated in 1992 after two programs had been run successfully conducted. A pre/post test quasi-experimental design was used for this evaluation. Nine participants took part in the '92 56-Day Action Adventure Program and seven residents of the therapeutic community were used for the comparison group. Both groups were involved in pre-trek training which involved dayhikes, overnight treks, a fitness program, some field training in navigation, cooking, setting up camp, and equipment use. The participants in the Action Adventure Program experienced challenging weather conditions and terrain in such areas as the Victorian Alpine areas and activities including rockclimbing and abseiling at the Arapilies. Participants also retraced the steps of Burke and Wills in the barren outback of the Strezlecki Desert. The group that remained behind at the therapeutic community were no longer involved in extended outdoor activities.

Two measures used in this evaluation. The first measure was Hammer's (1988) "The Coping Resource Inventory" which is a sixty item instrument that measures coping strategies in cognitive, social, emotional, spiritual/philosophical, and physical areas. The second instrument was Coopersmith's (1990) "The Self-Esteem Inventory" a 25 item instrument that measures self-esteem in the areas of family, social, and personal. Statistical analysis was not conducted for either measure though post-test scores on both measures for the group that participated in the Action Adventure Program were higher then those who remained in the therapeutic community. The results indicated that Action Adventure Program was beneficial in developing both coping resources and self-esteem. No conclusions were drawn from this initial evaluation; but it did support the use of extended expeditions in the program.

Current Program Evaluation

In 1996 another trek was organised in conjunction with the Australian Therapeutic Communities Association Conference. A decision was made that participants would be chosen from states throughout Australia and New Zealand, and that the trek would finish on the last day of the conference. This program differed from those held previously in their content and approach. The primary differences were in our decision:

- To include all of the residential community.
- To work more closely with mainstream therapies already in place in the T.C.
- To have a more self-empowering focus through education.
- To have a more therapeutic process.

The selection criteria for the Action Adventure Program remained consistent with previous programs, in that only those from the Windana therapeutic community could participate. In order to address the possible disappointment an applicant may endure if not

selected for one of the ten positions available, applicants are required to supply a written application too. In this application participants need to address what they hope to acquire through participation in the program and what they would acquiring these benefits or skills if not selected.

The participant selection for the '96 Program specified that it was important for all participants to have done some time in the therapeutic community, to be working on issues of recovery, to be relatively fit and healthy, and that their individual counsellors saw it as beneficial for the participants to be involved in such an activity. The gender balance became relevant to equipment sharing hence four females and six males were chosen which was also in line with safety ratios of one leader to five participants during all activities.

One of the challenging aspects of this project was taking out ten people who had not met before and engaged them in an adventure experience, which would create a supportive group in which members could trust and rely on each other. The nature of the activities demanded that participants could work together effectively, as the activities could not be accomplished if members operated independently. It was imperative that they could place the group's safety as their first priority.

The program was run at the camp some 100 kilometres north east of Melbourne just over the divide and central to most areas where activities were to be held. The activities for the program included:

- Two weeks of initial fitness training and orientation (this included initiative activities, trust, team and leadership building, low ropes, rock climbing, day hikes, practical theoretical information about basic first aid, environmental awareness, use of equipment use, and navigation)
- One week on a coastal trek.
- One week on an alpine trek.
- One week rafting.
- Two weeks travelling to and trekking the Strezlecki Desert.

The final trek through the desert involved walking some 120 kilometres in 5 days. One of the main objectives during this final expedition was to stretch participants coping capacities through physical endurance. This was the catalyst for a therapeutic process and therefore it was specifically designed to be physically demanding. Participants were also able to put into practice the survival skills they had learned during the program, as this was very much a part of the final trek.

A program evaluation was conducted using the Life Effectiveness Questionnaire (LEQ-H) by Neill & Richards (1996) to assess the functioning of individuals before and after the Action Adventure Program. The LEQ-H was developed through the University of Western Sydney to evaluate the outcomes of adventure education programs. It has been standardised and normed with a number of adventure programs in Australia.

The LEQ-H is a 24 item instrument which proports to measure eight dimensions (e.g., time management, social competence, achievement motivation, intellectual flexibility, task leadership, emotional control, active initiative, and self-confidence). Table 1. presents the mean pre and post test scores for the total instrument and the subscales. The value of particular interest is the effect size, which is a measure of how much change occurred. Table 2 presents the standardised cutoffs for effects sizes on the LEQ-H.

Table 1
Effect size analysis for the LEQ-H

Var.	Mean		Std. Dev.		Minimum		Maximum		Effect Size	Rating
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Change	
TM	5.17	5.50	0.75	0.69	4.67	4.67	6.67	6.67	0.46	High
SOC	4.39	4.94	1.54	1.00	1.67	4.00	6.33	6.33	0.43	High
AM	6.22	6.78	0.86	1.05	5.00	5.00	7.33	8.00	0.59	Very High
IF	5.11	5.28	1.64	1.54	2.67	2.67	7.00	7.00	0.11	Below Average
TL	4.83	5.44	1.53	1.36	3.00	4.00	6.67	7.00	0.42	High
EC	4.11	5.00	1.78	0.82	2.00	4.00	7.00	6.33	0.68	Outstanding
AI	6.78	6.33	0.91	1.65	5.67	3.67	8.00	8.00	-0.35	No Change
SEC	6.11	6.22	1.36	1.07	4.33	4.67	8.00	8.00	0.09	Below Average
Total	5.34	5.69	0.63	0.76	4.38	4.58	6.04	6.75	0.50	Very High

Note: N = 6 pre & post

Table 2
Standardized Effect Size

Effect Size	% Change	Change Rating
below 0	below 0	No Change
0 to 0.55	1 - 25	Doubtful
0.056 to 0.165	26 - 75	Below Average
0.166 to .0275	76 - 125	Average
0.276 to 0.385	126 - 175	Above Average
0.386 to 0.495	176 - 225	High
0.4696 to 0.605	226 - 275	Very High
0.606 to 0.712	276 - 325	Outstanding
0.716 to 0.825	326 - 375	Very Outstanding
0.826 to 0.935	376 - 425	Exceptional
above 0.935	above 425	Very Exceptional

Evaluation of the effect sizes for the program reveals that overall a "very high" degree of change was achieved by the participants. In examining the program objectives, it was encouraging to see that change in the area of social competence was reported as "high". Increased social competence would be indicative that participants sought had a better ability to learn from each other and contribute to the creation of a supportive and social environment. This may well result from the greater amount of social interaction necessary for effective participation in an adventure experience. The reported improvement in social competence, if sustained, should be a valuable gain for the participants as they face future challenges. Also included in the "high" range were the areas of time management and task leadership, which relate to the goal of teamwork and suggest that participants were able to be better members of the team. The participants' self-reported increase in their ability to manage time might also suggest greater sense of self-sufficiency. The "outstanding" and "very high" rating results in the categories of achievement motivation and emotional control suggest an increase in the participants' motivation to achieve and succeed. This is an indicator that their ability to push limits and overcome obstacles may

have improved and that they are perhaps less fearful and stressed under challenging circumstances.

Non-significant changes were found in the dimensions of self-confidence, active initiative, and intellectual flexibility. The 'below average' findings for self-confidence and intellectual flexibility may be partly explained by the standard deviations for these scores. Because of the small n and the dispersion it may be difficult to detect effect size. A larger sample size, on the same program, may well have allowed for detecting smaller effects. The "below average" results for intellectual flexibility are not an unexpected finding given that development of thinking skills was not an established objective of the program. Hence it would not be expected to find a significant effect in this area. The most puzzling result is in the area active initiative. It is difficult to explain why there was "no change" and in fact a negative change. One possible explanation might be found in the nature of adventure experiences which had all participants engaging in a range of completely new and challenging (perhaps perceived as dangerous and threatening) activities. A further explanation might be found in that participants in this program are a part of a larger treatment process. Participants may have approached this with a "treatment" mindset, which is often one that does not foster taking initiative.

It must also be emphasised that the results of this study are by no mean explanatory. This is a pilot study at best. The small sample size and lack of follow up make the results of this study exploratory at best. Future research would be helpful to determine whether the changes were sustained, or a function of what is known as "post group euphoria". Many participants after an adventure experience have a positive feeling about themselves, the group and the experience, which often dissipates after the program. Nevertheless, the results are encouraging, as they reveal an overall increase in the areas the program is designed to address.

The Future of the Program

It is often asked why wilderness programs have the impact they do on participants. Possible explanations can be found in some of the common elements of extended wilderness adventure programs, which usually offer a combination of elements including:

- The trips often take place in a remote, natural wilderness environment, which is inherently valuable in terms of the connection to the natural world (Miles). This time away can also present an opportunity away from entrenched behaviour patterns and negative peer cultures.
- The trips are often designed to require participants to commit to the trip and the group. In fact, at times participants have few other options but to continue on the trek.
- The physical nature of the trips usually result in improved physical fitness and sense of well being.
- The group processes involved in outdoor activities provide an opportunity for participants to work on developing skills in in cooperation and trust.
- There is a degree of challenge and risk, which for many substance-abusing participants is an important part of their way of life. Adventure programs provide a healthy approach to engaging with risk and challenge. Other participants may have missed out on a sense of adventure in their lives; these

treks can provide them with an opportunity to experience this adventure. In both cases the risk and adventure can be something that draws participants in.

- Completion of many of the tasks on these trips generate a sense of achievement especially when it is clearly evident that the outcome is due to the individuals' and groups' own effort.

A number of studies have explored the value of challenging outdoor experiences. Much of this research suggests a substantial increase in self-esteem and a reduction in re-offending rates (Ewert, 1982). Self-esteem has been linked to drug using behaviours and in a study by Abbott (1991) involvement in an adventure reduced re-offending rates by as much as half. The benefits of wilderness adventure programs are not only for the participant in increased self-esteem and reduced drug behaviours, but can also result in substantial cost benefits to society. More effective treatment can reduce relapse rates and the problematic behaviours associated with substance abuse (crime, prostitution, etc.) which would benefit society in numerous ways.

One of the challenges facing this project is to continue to evaluate its effectiveness and develop the program fully. But before we take steps to expand the Action Adventure Program it has to been seen and operated as a part of a larger therapeutic process. This concept was highlighted by a judge in the U.S. Department of Justice in 1981 when he said, "Despite having some plausible, theoretical, or conventional basis, wilderness programs without follow-up into clients' home communities should be rejected on the evidence of their repeated failure to demonstrate effectiveness in reducing delinquency after having been tried and evaluated" (Gass in Miles & Priest).

The Action Adventure Program is still viewed as a unique experience for the participants and as a part of the therapeutic process, but not as a fully integrated part of the treatment process. In order to improve the program we must focus on: 1) a greater capacity to work more closely with the individual within the ongoing treatment process; and 2) a strong re-integration focus on issues on employment, social, recreational, and spiritual needs after the wilderness trek. Our plan is continue to build the Action Adventure Program into the existing Windana structure. Over the next two to four years it is our vision to have an adventure program up at running as a fully integrated and integral part of the therapeutic community and of the larger treatment process.

Note: Authors did not provide a Reference list